

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. <i>10/577911</i> | FILING DATE | | | |
|--|----------|------------|------------------------------------|------------|------------------------------------|------------|--------------------------------|------------------------------------|------------|------------------------------------|------------|
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | AS FILED | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. |
| 1 | / | | | | | | 51 | | | | |
| 2 | | / | | | | | 52 | | | | |
| 3 | | / | | | | | 53 | | | | |
| 4 | / | | | | | | 54 | | | | |
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| 50 | | | | | | | 100 | | | | |
| TOTAL IND. | / | | ↓ | | ↓ | ↓ | TOTAL IND. | | ↓ | | ↓ |
| TOTAL DEP. | 8 | | ↔ | | ↔ | ↔ | TOTAL DEP. | | ↔ | | ↔ |
| TOTAL CLAIMS | 9 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | TOTAL CLAIMS | | [REDACTED] | | [REDACTED] |